



State of New Jersey
Department of Law and Public Safety
Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, P.O. Box 45010
Newark, NJ 07101

Certified Homemaker-Home Health Aide Information

2001

This advisory has been developed by the New Jersey Division of Consumer Affairs' Board of Nursing to keep you updated regarding important information, and to assist you in your efforts to maintain your certificate as a homemaker-home health aide in the State of New Jersey.

In choosing a career as a homemaker-home health aide, you have entered into the fastest-growing health care occupation through the year 2006, as reported by the Bureau of Labor Statistics. As a certified homemaker-home health aide, you are considered a valuable member of the health care team. Therefore, always remember to uphold your standards in delivering safe and competent care to the clients you serve.

Tips on maintaining and protecting your certificate

- ☞ Show your employer your original certificate. This serves as proof to your employer that you are actively certified.
- ☞ Do not give your certificate to your employer. Make a copy of this important document for your employer and keep the original in a safe place.
- ☞ Your certificate allows you to be employed only by a home-care services agency. You will be regularly supervised by a registered professional nurse while you are working. You are not permitted to work privately or independently.
- ☞ Your certificate has an expiration date and is not valid after that date. Your certificate must be regularly renewed through the New Jersey Board of Nursing. Your certificate number will always remain the same.
- ☞ You must be working for a home-care services agency in order to renew your certificate. The signature of an agency representative is required for your renewal.
- ☞ Any name or address changes must be submitted to the New Jersey Board of Nursing **in writing**. Please keep the Board up to date concerning your correct name and **current** address, as your renewal form cannot be forwarded if your address is incorrect.

Important Renewal Information!

The expiration date for all homemaker-home health aide certificates has been changed from March 31, 2001 to November 30, 2001. Renewals received by the New Jersey Board of Nursing during the period from December 1 through December 31 will be considered late, and will require an additional late fee added to the standard renewal fee.

Failure to renew by December 31, 2001, will result in the automatic suspension of your certificate. No notice of suspension will be issued. No extensions will be granted. Continuing to practice with a suspended certificate is not permitted by law, and may result in legal action against you, the certificate holder.

IMPORTANT NEW JERSEY BOARD OF NURSING PHONE NUMBERS

PHONE NUMBER: 973-504-6507*

FAX NUMBER: 973-273-8055

*PLEASE HAVE YOUR CERTIFICATE NUMBER AVAILABLE WHEN CALLING.

You are a Professional:

- ✓ Always arrive for work on time, and call your client/agency if you will be late or absent.
- ✓ Maintain a clean, neat and professional appearance.
- ✓ Always wear your ID badge/name tag.
- ✓ Be attentive to your patient's safety. Notify your supervisor of any change in your patient's status immediately.
- ✓ Maintain your client's confidentiality by never discussing his or her case with friends or family.
- ✓ Always respect your client's privacy. Remember that you are a guest in someone else's home. Always ask to use your client's phone (and use it only for work-related calls) and remember to ask permission before opening a client's dresser or cabinet.
- ✓ Always clean up after yourself.
- ✓ Develop a relationship which will help your client trust you.

Helpful hint

• The most effective way to stop the spread of germs is to wash your hands. Please remember to do so frequently. •

Certified Homemaker-Home Health Aide Name/ Address Change Form

Detach and mail or fax only if you have a name or address change. Please print or type your answers.

Name: _____

Certificate number: _____ Expiration date: _____

Social Security number: _____ Birth date: _____
month day year

Check one: ☐ Name change* ☐ Address change

Prior name: _____

New name: _____

Prior address

Street address: _____

City: _____ State: _____ ZIP code: _____

New address

Street address: _____

City: _____ State: _____ ZIP code: _____

Comments: _____

Signature

Date

* You must include a copy of a birth certificate, marriage license, divorce decree or any other court documentation with any name change request. Please do not send original documents.

Mail or fax to:

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